

DEVELOPING SOFT POWER USING AFLOAT MEDICAL CAPABILITY

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USAWC STRATEGY RESEARCH PROJECT

DEVELOPING SOFT POWER USING AFLOAT MEDICAL CAPABILITY

by

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ABSTRACT

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Afloat medical capability in the form of hospitals ships and large amphibious ships are actively used to support the National Defense Strategy through the combatant commanders Theater Security Cooperation (TSC) Program in their area of responsibility. The TSC program is designed to strengthen ties to allied countries and improve interoperability. In 2007, the Navy published its maritime strategy with a theme of "A Cooperative Strategy for 21st Century Seapower." Its expanded maritime strategic core capabilities include forces that can respond to humanitarian assistance if natural or manmade disasters strike. This paper will show why these afloat medical capability platforms could significantly contribute to the U.S. national interests in the 21st century security environment using soft power. The author also analyzes why amphibious deck ships can also be an alternative to the hospital ships.

DEVELOPING SOFT POWER USING AFLOAT MEDICAL CAPABILITY

The United States must strengthen and expand alliances and partnership.

—National Defense Strategy, June 2008

The U.S. alliance system has been a cornerstone of peace and security for more than a generation and remains the key to U.S. success, contributing significantly to achieving the objectives of the U.S. National Security Strategy.¹ These objectives include: the need to strengthen alliances and build new partnerships to defeat global terrorism and prevent attacks against the U.S. and its allies; prevent enemies from the threat of weapons of mass destruction; work with others to defuse regional conflicts, including conflict intervention; and transform national security institutions to face the challenges of the 21st century.² A Theater Security Cooperation (TSC) program is one of the major instruments of military power used to achieve these objectives. TSC provides the foundation for all DoD interactions with foreign countries and supports the National Security Strategy. Depending on its program employment, it has the capability to effectively combine the other elements of national power – diplomacy, information, and economic.

The new Cooperative Strategy for 21st Century Seapower, released in October 2007, supports the objectives of National Defense Strategy. In as much as the theme of spreading democracy dominated former President Bush's 2006 National Security Strategy, the theme of "global naval cooperation" dominates the new maritime strategy. The Honorable Donald Winter, Secretary of the Navy, clarifying the inclusion of soft power and shift from major power projection, stated in an interview regarding the new strategy: "We can't do things unilaterally...not all things, not all places."³ Given that the

new strategy still includes hard power requirements, the inclusion of soft power applications that are comparable with naval power projection and deterrence make the new maritime strategy quite different from the previous strategies. The Navy has traditionally been used to address conventional threats by projecting firepower from the sea, but this orientation may not be the best for the 21st century security environment. The Navy, in its effort to maintain relevance in the long war that does not necessarily require heavy projection of firepower, has now embarked on this new cooperative course. The strategy which was signed by the three sea service chiefs is unprecedented; it added a new mindset for the application of naval power, “preventing wars is as important as winning wars.”⁴ By proactively establishing relationships in peacetime, the U.S. will be able to mitigate human suffering in conjunction with interagency and multinational efforts, both in a deliberate, proactive fashion and in response to crisis. The human suffering moves us to react and the expeditionary nature of our maritime naval assets uniquely positions them to provide assistance. In addition, the ability to conduct rapid and sustained non-combatant evacuation operations is critical to relieving the plight of American citizens and others when their safety is in jeopardy.⁵ Although the sea services conduct many missions that include forward presence, deterrence, sea control, power projection, and maritime security; the relatively new core competencies of humanitarian assistance and disaster response capabilities comprise the core of U.S. soft maritime power and reflect an increase in emphasis on those activities that prevent war and build partnerships. Its expanded maritime strategic core capabilities of forces that can respond to humanitarian assistance and disaster relief if natural or manmade disasters strike is impressive.

Naval forces have routinely been made available during peace time and humanitarian operations due to natural calamities that the new strategy places the soft power of “global cooperation” equal to naval hard power pillars of power projection and deterrence is unprecedented.

The afloat medical capability platforms in the form of hospital ships (T-AHs) and large amphibious ships (LHAs/LHDs) are key instruments of the National Defense Strategy and the new maritime strategy of Cooperative Strategy for 21st Century Seapower. These platforms can be used to support the National Defense Strategy through the employment of combatant commanders’ Theater Security Cooperation (TSC) Program in their area of responsibility. The TSC program is specifically designed to strengthen ties to allied countries and improve interoperability. The recent deployments of afloat medical capability platforms to support TSC programs and real-world humanitarian assistance and disaster relief operations with embarked multi-agency, multi-national, and various international organizations is a testament to the importance of partnership and success in the areas of humanitarian service and capacity-building of foreign nations. The humanitarian assistance and disaster relief response, as a maritime strategic core capability, is arguably, the most important naval capability at present and in the foreseeable future.

History of Afloat Medical Vessels

The use of ships for the care of sick and wounded is not new to our time. As early as 400 B.C. there is record of a “trireme”⁶ in the Athenian fleet, called Therapeia, that served as a floating hospital. These vessels were later called floating sanctuaries of “immunes”⁷ that accompanied Caesar's legions. These were kept free from combat

duty, and their special status, for the most part, was recognized and respected.⁸ This is where the concept of hospital ship originated as a protected place that specifically care for the sick and injured and differentiated from the other ships. The US Navy's hospital ship tradition can be dated to years of the Tripolitan war. In June 1804 the armed 60 foot ketch Intrepid, fresh from a daring sortie into the fortified harbor of Tripoli, was fitted out as a hospital ship and received the sick from the USS Enterprise.⁹ Since then, at least 26 ships have been used by the U.S. Navy for the care of sick and wounded.

Medical Vessels in Previous U.S. Conflicts

The first U.S. hospital ship was a converted side-wheeler Red Rover that was commissioned in 1862 and sailed the Mississippi River during the Civil War. During World War II amphibious operations, and in subsequent landings at Inchon, Korea, "grey hull" tank landing ships (LSTs) were converted into an important component of the medical care system - the LST (H).¹⁰ These LSTs were modified for surgical support of limited scope and were primarily used by forward surgical teams to stabilize the wounded. Given the intensity of the warfare and the shortage of true hospital ships, LST (H)s became essential in providing quick, early, lifesaving treatment for the combat wounded in forward locations.¹¹ In the final phases of Pacific campaign during World War II, tactical doctrine for employment of Navy hospital vessels changed, allowing them to function as mobile, definitive-care combat hospitals rather than as transports only. Specially designed ships of the Haven (AH 12) class were also built to support this concept. Prior to the Second World War, hospital ships were used only to transport badly wounded casualties home. Hospital ships could often be found waiting off the landing beaches to provide a safe haven for treating casualties incurred during the

opening rounds of amphibious operations.¹² During Korean War, two intermediate steps in the evacuation process were developed - use of hospital ships and aerial evacuation. It was common practice to keep at least one hospital ship nearby at all times. This practice, combined with the increasing use of helicopters for medical evacuations, ensured rapid advanced medical treatment was available. In the spring of 1951, the USS Consolation (AH 15) was fitted with a helicopter landing pad, an adaptation that soon became standard practice. The Vietnam War provided an ideal geographic setting for hospital ships - intermittent low-level warfare with the combat zone adjacent to the sea, in a long, narrow country with a substantial length of coastline. Helicopters were used extensively - the ideal medical evacuation system for hospital ships. These ships sailed freely and immediately offshore. USS Repose was joined by USS Sanctuary in 1967. There is no recorded enemy attack upon the two red cross-marked U.S. hospital ships during the conflict. USS Sanctuary left Vietnam in 1971 and was decommissioned in 1974. She was the last hospital ship until the current USNS Mercy and USNS Comfort joined the Military Sealift Command. For more than a dozen years from the end of the Vietnam era to the launching of USNS Mercy (T-AH 19) and USNS Comfort (T-AH 20) in 1986 and 1987, the U.S. Navy sailed without a hospital ship. In the late 1970s, military planners saw a need for mobile medical assets to deal with so-called brush fire conflicts. The current hospital ships are naval auxiliaries (USNS), signifying their predominantly civilian crews. The USNS ships are operated and permanently staffed with a civilian master and crew by the Military Sealift Command. Both hospital ships deployed in the Persian Gulf in support of Operation Desert Storm in 1991. In

2003, the hospital ships were in danger of being removed from service due to competing service priorities of scarce resources.

As discussed above, different vessels were previously used as “hospital ships,” ranging from a trireme vessel to a ketch vessel; from a side-wheel paddle steamboat to a tank landing ship. The type of vessel used was based on mission needs and requirements and adjusted to support missions.

The Mission of Hospital Ships (Afloat Medical Capability Platforms)

The hospital ships’ primary mission is to provide rapid, flexible, and mobile acute medical care to Marine, Army, and Air Force units deployed ashore, and to naval amphibious task forces and battle groups afloat. Their secondary mission is to provide humanitarian and disaster relief operations. The Geneva Convention contains specific provisions relating to the unique health service support mission of hospital ships under the laws of armed conflict. The ships are immune from attack or capture, must be used for humanitarian duties, and shall refrain from all interference in military operations.¹³ Recently, it is the hospital ships’ secondary mission of humanitarian assistance that has been their primary assignment since first providing humanitarian assistance and disaster relief operations in 2005.

The hospital ships Mercy and Comfort are a national asset, able to deploy worldwide when ordered by the President in response to military contingencies and civil disasters. The hospital ships offer initial resuscitative care through definitive long-term care and are comparable to any tertiary-care medical facility in the United States. They are unique platforms capable of worldwide deployment and responding to different domestic and international missions. The hospital ships’ comprehensive medical,

surgical, and support capabilities can be tailored to meet medical contingencies, specialized humanitarian missions, and homeland disaster operations, including providing logistics and support services for personnel from various interagency and international organizations.

Significance of Afloat Medical Capability Platforms

The recent significance of afloat medical capability platforms started in January 2005, when the largest tsunami recorded in recent years struck the Pacific. At 7:58 AM local time on 26 December 2004, a 9.15-magnitude earthquake struck off the coast of the Indonesian island of Sumatra.¹⁴ USNS Mercy almost immediately set sail for the Pacific and provided humanitarian relief in the vicinity of Banda Aceh, Indonesia, treating more than 9500 patients and performing 19,512 medical procedures.¹⁵ This humanitarian assistance response to an area that contains the world's largest concentration of Muslims, effectively delivered a strategic communications message from the U.S. directly to foreign populations. Terror Free Tomorrow, a non-partisan, non-profit polling organization that seeks to understand supporters of global terrorism through public opinion polls in various parts of the world, began to observe interesting trends. Terror Free Tomorrow's data indicated that following the tsunami relief efforts, Indonesian public opinion of those who opposed the U.S.'s efforts in combating terrorism decreased a dramatic 50% (from 72% in 2003 to 36% in 2005). Sixty-five percent of Indonesians felt more favorable toward the United States due to tsunami response.¹⁶ The survey's critical implication for the United States is that our actions can make a significant and immediate difference in minimizing the support base for global terrorists. The Terror Free Tomorrow poll reinforced the assumption that humanitarian

assistance is a major tool to foster goodwill from the recipients to include population with U.S. anti-sentiment. This makes the afloat medical capability platforms a major instrument in developing soft power and an offensive participant in the Global War on Terrorism by supporting U.S. public information and public diplomacy efforts through direct and highly visible contact with foreign countries the U.S. may wish to influence.

Afloat Medical Capability Platforms are Essential Element of Theater Security Cooperation and Humanitarian Assistance Operations

As previously mentioned, the Theatre Security Cooperation program is a major instrument of the combatant commanders in their area of responsibility. TSC is now viewed by the regional combatant commanders as their primary theater strategic enabler. Security cooperation consists of a focused program of bilateral and multilateral defense activities conducted with foreign countries to serve mutual security interests and build defense partnerships.¹⁷ Security cooperation activities include: “military contacts, including senior official visits, port visits, counterpart visits, conferences, staff talks, and personnel and unit exchange programs; nation assistance, including foreign internal defense, security assistance programs, and planned humanitarian and civic assistance activities; multinational education for U.S. personnel and personnel from other nations.”¹⁸ These security cooperation activities are where the afloat medical capability platforms can be invaluable in the 21st century strategic operational environment. This is in addition to the other doctrinal mission of providing support to humanitarian assistance and disaster relief (HADR) operations to relieve or reduce the results of manmade disasters or other endemic conditions such as disease, hunger or deprivation that might present a serious threat to life or loss of property. Disasters can be defined as an act of nature or an act of man, which is or threatens to be of sufficient

severity and magnitude to warrant emergency relief assistance. The severity and magnitude of a disaster is determined by the extent of damage compared to indigenous resources available to alleviate the suffering caused and the extent of economic disruption. Disasters that occur within the territorial boundaries of the United States to include Guam, American Samoa, Republic of the Marshall Islands, Federated States of Micronesia are considered domestic, while those occurring outside these areas are classified as foreign disaster areas. The TSC program encompasses short-range programs aimed at ending or alleviating human suffering. Foreign disaster relief may be provided to the under-developed or poor nations, the developing, as well as to the developed nations. While many nations qualify for foreign disaster relief, however, emphasis is placed on providing assistance to the poor and developing nations since their economies are so fragile that a disaster could place the entire country in jeopardy. Medical vessels are designed to supplement or complement the efforts of the host nation civilian authorities or agencies that have primary responsibilities for providing relief. In most cases U.S. resources will generally be used to assist or supplement, and not replace civilian resources. In HADR the guiding principle is to do only what the civilian authorities or humanitarian relief organizations cannot do or do what is mission essential. The following examples are some of afloat medical capability platforms past, present, and potential future engagements in the current environment to support TSC missions, making them a major soft power instrument in the 21st century security environment.

In the U.S. Pacific Command (USPACOM) AOR. Afloat medical capability platforms are allocated to USPACOM to support the Pacific Partnership deployment, a

humanitarian assistance mission in the countries of the Pacific. TSC's direct dialogue and shared experiences with regional civilian and military leaders remain keys to enhancing U.S. relationships. The meaningful and frequent engagement with the nations in the Asia-Pacific region contributed to considerable progress across a broad range of security issues. Southeast Asia remains the battleground against terrorism in the Pacific. On the island of Jolo, the Armed Forces of the Philippines, with assistance from U.S. military advisers and trainers, have kept the terrorists on the run and made progress in creating a stable and secure environment.¹⁹ This strategy in the Philippines is supplemented by the annual Pacific Partnership engagement by a T-AH or LHA/LHD deployment. In Indonesia, interaction between Indonesian Armed Forces and the U.S. military has been positive and valuable in the War on Terror and humanitarian assistance.²⁰ The poor economies, overpopulation, weak and dysfunctional governments in some of the countries in the Pacific could fuel insurgencies and unrest in areas. The recent deployment of hospital ship for Pacific Partnership 2008 can mitigate some of these concerns by enhancing their national capacity. The humanitarian operations in the region produced enormous goodwill, in particular when compared to the experience of other powers in the region like China that could not yet send similar forces.

In the U.S. Southern Command (USSOUTHCOM) AOR. Similar to USPACOM, afloat medical capability platforms regularly deploy to USSOUTHCOM to support Continuing Promise deployment, a humanitarian assistance mission in the countries of Caribbean and Latin America. The visits of afloat medical capability platforms are integrated into the USSOUTHCOM humanitarian engagement program to foster and

enhance security cooperation throughout the region and reduced U.S. anti-sentiment, influence, and activity.²¹ This humanitarian gesture is a significant means to counter the leadership of Venezuela in influencing the population of South American countries to embrace the ideologies of non-liberal democracies and oppose western values.

Another example of the projection of national elements of power through TSC in this geographic area is the countries of Cuba and Venezuela when they garner regional or international influence due to their provision of health services worldwide.²² Through robust medical diplomacy and publicity of the USNS Comfort's humanitarian tour of 12 Latin American countries in 2007, such influence of Cuba and Venezuela could be mitigated and at the same time improve the health of citizens of poor countries.²³ By improving the medical skill sets of medical professionals and health of the citizens of poor and under-developed countries, medical diplomacy could mitigate a tremendous portion of the health burden in these low-income countries and help them out of poverty which could consequently contribute to the advancement of their economic development.

In the U.S. Africa Command (USAFRICOM) AOR. The newly established USAFRICOM has announced that soft-power missions, similar to USSOUTHCOM's regularly scheduled deployment of afloat medical capability platforms will be its top priority.²⁴ In October 2007, the African Partnership Station (APS) program was launched to provide assistance and training to the Gulf of Guinea nations. Under this initiative, a traditional Navy combatant ship was deployed and served as a "delivery vehicle for interagency, international, and non-governmental organizations assistance to West and Central Africa."²⁵ APS initiatives included humanitarian outreach activities such as

Project Handclasp and Project Hope. There is no doubt that future APS missions will be conducted using an afloat medical capability platform.

In the U.S. European Command AOR. Following the invasion of Russian troops in Southern Ossetia in Georgia in the summer of 2008, a “grey hulled” U.S. Navy ship was poised to deliver relief supplies and services to support foreign humanitarian assistance aid to Georgia. This gesture was halted because the invading forces considered the ship carrying relief package as a combatant ship and its presence in the area is considered an act of aggression. An afloat medical capability platform in the form of a T-AH was placed on alert to provide humanitarian aid during the early stage of the conflict.²⁶ Although, a T-AH was not deployed in the conflict between Russia and Georgia, an afloat medical capability platform is ideal to support this type of scenario since it does not project a signal of aggression.

In the U.S. Northern Command. One of the efforts of the National Strategy for Homeland Security is to respond and recover from incidents domestically, that is, to save lives, mitigate suffering, and protect property in future catastrophes.²⁷ Disasters that occur within the boundaries of the United States are under the purview of Department of Homeland Security in coordination with numerous entities to include defense, federal, state, and local agencies and response organizations. These include the Federal Emergency Management Agency, the National Guard, the Immigration and Customs Service, the National Oceanographic and Atmospheric Administration, the Red Cross, the state Emergency Management Offices, the National Transportation Safety Board (NTSB), the Federal Aviation Administration (FAA), the U.S. Departments of Transportation, Agriculture, Commerce and Energy, the local police, fire, and public

safety departments and other public and private organizations. Additionally, all states possess military response capability within their respective state National Guard. These civil and military organizations are responders whose authorities and missions are established by public law. Domestic support operations usually occur after a Presidential declaration of a major disaster and are designed to supplement the efforts and resources of state and local governments, and voluntary organizations.²⁸ Even though there is already a robust national and local organizations in-placed to support disaster response in the U.S., afloat medical capability platforms were directed to support high profile incidents and natural disasters in the U.S. In the summer of 2005, the President directed USNS Comfort to respond in support of Joint Task Force Hurricane Katrina²⁹ a powerful hurricane that devastated New Orleans. Earlier the USNS Comfort also responded to the 9/11 attacks in New York to provide medical support to what were feared to be dramatically overwhelmed New York City hospitals.³⁰ Later on with the New York emergency room staffs all but idle in the critical hours after the towers' collapse, Comfort's had shown its flexibility in mission support by providing logistics and support services to the inter-agency organizations to help the people of New York.

Not all humanitarian assistance missions were executed flawlessly. Most international organizations (IOs) and non-government organizations (NGOs) have the mentality that military forces should stay away from humanitarian business because of the perception that the military is a corrupting influence in terms of its emphasis on violence and force to deal with disputes. Most IOs and NGOs serve their constituents on the basis of being on the neutral side even risking their lives as evidenced in the recent

kidnappings by suspected terrorists of three European and local employees of International Commission on Red Cross in the southern part of the Philippines early this year while they were working on a sanitation project.³¹

The IOs and NGOs have the perception that military aid and assistance is often seen as trying to influence an outcome favorable to their cause. This scenario often caused tension between IOs/NGOs and the military and sometimes puts the IO and NGO members at risk. This issue is more prevalent in areas wherein there is a presence of U.S. anti-sentiment. However, in the absence of anti-U.S. feeling, IOs and NGOs are in most cases eager to capitalize on the logistical capacity of the U.S. military to assist in the delivery of aid. This is only an example wherein perception to the U.S. military and inadequate coordination amongst interagency organizations, international and non-governmental organizations, and partner nations could jeopardize and create friction during mission execution. Granted that these organizations do not have accountability to the military, unity of effort and coordination can always be improved.

A White or a Grey Hulled Ship?

The two hospital ships in the Navy's inventory are in high demand and can not fulfill the requirements from the combatant commanders. Large amphibious ships like the multi-purpose amphibious assault ships of the Nassau (LHA) and Wasp (LHD) classes are also being employed for humanitarian assistance and disaster relief missions that are traditionally assigned to the hospital ships. The LHAs and LHDs are the largest of all amphibious warfare ships and resemble a small aircraft carrier. Their mission is to provide embarked commanders with command and control capabilities for sea-based maneuver and assault operations and to employ the elements of a landing

force through a combination of helicopters and amphibious vehicles.³² These amphibious assault ships are designed to support the Marine Corps tenets of Operational Maneuver From The Sea (OMFTS) and Ship To Objective Maneuver (STOM).³³

The LHA/LHD similar success to humanitarian and disaster relief missions led to the question of what is the ideal platform to conduct these types of missions – a hospital ship or an amphibious ship? In order to get a clear view of the hospital ship and large amphibious ship features and capabilities, the following general and medical characteristics for these platforms are provided:

A T-AH has a displacement of 69,360 tons, a speed of 17.5 knots, and has a complement of 1,276 ships company personnel with 61 civilian crew, 259 non-medical personnel, and 956 health service medical personnel.³⁴ Although it has a robust personnel staffing, hospital ship has yet to deploy with full complements of its medical personnel staffing. The ship deploys with medical staff tailored for specific mission.

An LHA has a displacement of 39,400 tons, speed of 24+ knots,³⁵ and a total of 123 medical personnel from its ships company, on board Fleet Surgical Team and Contingency augments.³⁶

CAPABILITIES	T-AH	LHA
Operating Rooms	12	4
Intensive Care Unit Beds	100 (Includes 20 Post Surgical Beds)	15
Ward Beds	900 (400 Intermediate Care) (500 Minimal Care)	45
Post Anesthesia Care Units	Yes	Yes
Laboratory	Yes	Yes
X-ray	Yes	Yes
Pharmacy	Yes	Yes
Cat Scanner	Yes	No
Blood	Yes	Yes
Dental	Yes	Yes
Well Deck	None	Yes
Helicopter Landing Space	2	10

Figure 1. T-AH and LHA Comparison of Medical Capabilities

Medical Services. As depicted above, a T-AH has a significant and more robust medical capability than an LHA. The required medical capabilities for a planned humanitarian mission are driven by the nature and extent of the mission.

Staffing. The T-AH hospital medical staff comes from various medical treatment facilities (MTFs) in CONUS, while the ship is in-port they work at their respective MTFs and deploy with the ship as needed. This is also true with the LHA medical augments, while in-garrison majority of their medical personnel work at their designated hospitals. The LHAs are currently deploying with about 140 medical personnel, with funding just under \$1 million dollars in medical supplies which is significantly smaller than a T-AH, deploying with 360 medical personnel and \$2.185M for Pacific Partnership 2008.³⁷

A T-AH provides greater opportunity than an LHA for host nation hands on training and opportunity for their medical personnel to work shoulder-to-shoulder with U.S. medical staff; this is due to the T-AH robust medical staffing. Unfortunately, there is no standard staffing solution for humanitarian missions for either a T-AH or an LHA. The medical staffing requirement for every mission varies and is based on lessons learned from previous deployments.³⁸ To accomplish a successful humanitarian mission, goals and objectives must be established ahead of time. The planned and expected host nation training and their capacity, the anticipated patient types and conditions, coupled with the length of time that will be spent at each site will determine the ideal mix of medical specialties from United States and international partners and organizations.

Patient Transport. The LHA is capable of simultaneous movement of patients at the ten helicopter landing areas and a floodable well deck, while the T-AH is limited to two helicopter landing areas and has no floodable well deck. The well deck permits

embarkation of casualties by a large landing craft.³⁹ The T-AH means for patient embarkation is by helicopter and small boat operations. T-AH boat operations are slow and may be dangerous in unstable sea state. A Landing Craft, Air Cushion (LCAC) can work from the well deck of an LHA and be able to ferry large numbers of patients and equipment up to 70 tons from sea to shore⁴⁰ and vice-versa. This proved invaluable in transferring equipment, personnel, and supplies from the USS Bonhomme Richard during the tsunami operation in Indonesia.

Response to Disaster Relief. The comparatively late arrival of the USNS Mercy in Indonesia during the tsunami operation limited its potential benefits. The USNS Mercy did not treat patients until well over a month after the disaster, by which time most of the tsunami victims had either died or already received rudimentary medical attention.⁴¹ The LHAs and LHDs main advantage for disaster relief operation is their capability to quickly respond and sail at greater speed and gain access to those in need of timely medical assistance. These large amphibious ships are almost always forward deployed at any given time as part of an Expeditionary Strike Group.

Humanitarian Assistance Support. LHAs and LHDs have been recently used to conduct humanitarian assistance missions. The USS Peleliu (LHA-5) was deployed in support of Pacific Partnership 2007 (PP-07) and conducted humanitarian assistance visits in the Pacific. The USS Peleliu and United States Public Health Services combined to conduct a medical and dental civil-assistance program (MEDCAP/DENCAP) visit throughout Southeast Asia and Oceania.⁴² U.S. personnel were assisted by other nations (i.e., Australia, Canada, Japan, Korea, India, Malaysia, New Zealand, and Singapore).⁴³ Perhaps one of the most significant accomplishments

of the PP-07 deployment was the mission to Vietnam which “for the first time, a U.S. Navy ship visited that nation as a partner of a civilian ministry in support of local civilian authorities.”⁴⁴ This visit set a precedent for future engagement in the areas of security cooperation between the United States and Vietnam.

Recommendations

Increase U.S. presence in the geographic combatant commanders’ respective area of operations. The United States military continues to be a very powerful instrument of war. The U.S. government has increasingly relied more and more on the military to respond to any humanitarian or disaster situation overseas and in the homeland. It is being used as an instrument of power – “medical diplomacy”, showing American compassion in helping to reduce human sufferings during natural or man made disasters. The U.S. should expand its security cooperation assistance in the U.S. Central Command area of operation since this is still an uncharted area when it comes to “medical diplomacy” influence of a medical vessel. The U.S. must not relent in the Pacific, the strategic implications of future humanitarian operations may soon be joined by China. In its new power projection and influence in the area, China recently commissioned its own hospital ship.⁴⁵ It is unknown if this hospital ship was built to support full-scale military operations or a vessel for humanitarian soft power expeditions winning “hearts and minds” to further its influence. The potential for competing U.S. and Chinese hospital ship-based humanitarian assistance program in the developing world, or possibly combined operations in a disaster relief setting would be interesting. Potential opportunities should be explored with China and other nations with shared interests in Africa to conduct humanitarian assistance to strengthen its capacity. The

Chinese possible delivery of the similar humanitarian assistance and disaster relief missions further highlights the need for increase U.S. presence in the area of operations.

Create a robust combatant commanders “TSC Interagency Coordination Section.”⁴⁶ Interagency coordination can be improved by creating a fully-staffed “coordination section” under the combatant commanders J-staff that will handle inter-agency matters. In an actual humanitarian and disaster relief operation, the “Commander Joint Task Force may establish a Civil Military Operations Center (CMOC) or a Joint Interagency Coordination Group (JIACG) to coordinate and facilitate U.S. and multinational forces’ humanitarian operations with those of international and local relief agencies, host nation agencies, and host nation authorities.”⁴⁷ During the tsunami operation, a CMOC was established under CSF/JTF 536 in Thailand as the focal point for coordination. The establishment of an ad hoc CMOC or JIACG only during actual crises had proven to be less effective. This is due to the deliberate planning and not knowing the culture and the capabilities of the involved parties. The creation of “interagency coordination section” in time of calm would provide opportunities and strengthen relationships with various interagency, international partners and organizations, and non-government organizations, the same actors that would respond in time of humanitarian crises.

Finally, amphibious ships should be used more frequently than hospital ships. The Navy can only deploy one hospital ship at any given time, anything beyond that will significantly reduced the assigned military medical personnel of major Navy medical treatment facilities (MTFs) both in CONUS and some OCONUS MTFs. The lack of

critical clinical specialties is a show-stopper for the MTFs as their reduced clinical care capability and ancillary services will not be adequate to take care of the beneficiary population. The Navy currently has one T-AH deployment scheduled per year alternating between USPACOM and USSOUTHCOM. It is highly unlikely that while one ship is out on a routine humanitarian mission, another ship will deploy to support a natural disaster. The amphibious ships are positioned globally to quickly respond to a humanitarian assistance and disaster relief (HADR) due to their forward presence. Their heavy lift assets and capability makes them ideal for the immediate needs of moving relief supplies and equipment into critically hit regions cut off from support. The hospital ships possess a larger “clinical” capability to handle the follow-on medical needs of a region while the local medical infrastructure rebuilds.⁴⁸ Both types of ships have roles in HADR operations with the amphibious ships having the advantage as they *can do both* immediate disaster relief as well as humanitarian assistance, whereas the hospital ships *can only do* humanitarian assistance *and not* necessarily disaster relief due to their slow response time. The fact that the Mercy and Comfort are the only two hospital ships in the U.S. Navy inventory and there are no additional ships of the same, or similar, capacity that are planned for in the U.S. Navy’s 30-year 313-shipbuilding acquisition plan,⁴⁹ their condition and life-cycle maintenance should be considered in their future employment. This makes the amphibious ships even more valuable alternatives to the hospital ships. As discussed in the history and utilization of medical vessels in previous U.S. conflicts section of this paper, different platforms were used and modified as hospital ships based on the nature of engagement. Furthermore, a study conducted by Center for Naval Analyses on host nation impact based on the recent T-AH and LHA/LHD

humanitarian assistance deployments reveals that “it does not matter whether it was a hospital ship or an amphibious ship as both ships functioned equally well in terms of positive impact to the host nations.”⁵⁰

Conclusion

Theater security cooperation engagements to include humanitarian assistance will undoubtedly continue to increase demand signals in the administration of President Barak Obama and in the future as “winning the hearts and minds” of the people cannot be achieved overnight. The new maritime strategy specifically addresses this issue and states that “trust and cooperation with other international partners cannot be surged. They must be built over time so that strategic interests of the participants are continuously considered.”⁵¹ This is the only way to truly accomplish the intent of the epigraph above which is continue to strengthen and expand alliances as well as build partnership through soft power. With the host nations' expectation on the U.S. military to continue and increase these engagements due to their historical success, the combatant commanders will need afloat medical capability platforms whether it is a hospital ship or large amphibious ship as part of their theater security cooperation engagements as well as response to natural disasters.

Speed of response is the most critical element of a successful humanitarian assistance and disaster relief operation. The ability to move people, equipment, and supplies throughout the operational area determines whether the operation is a success. Both hospital ship and amphibious ship are the right platforms for humanitarian missions, with the latter having an advantage on disaster response due to speed and global forward presence.

Endnotes

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